



Suffolk County Department of Public Works

335 Yaphank Avenue
Yaphank, NY 11980-9744

Reply to:

Dominick V. Ninivaggi

Superintendent of Vector Control

Voice: (631) 852-4270

Fax: (631) 852-4140

Under the County "no-spray list" law, Suffolk County Vector Control will maintain a registry of citizens who request a limited shut off of mosquito adulticiding (fogging). The law requires a "good faith effort" by Vector Control to shut off truck-mounted aerosol equipment within 150 feet of a registered property. **This registry will be rendered inactive if the Commissioner of Health declares a public health emergency for mosquito-borne disease. Therefore, this registry does not exempt properties from treatments for West Nile Virus, Eastern Equine Encephalitis or other mosquito-borne disease. In the event of mosquito-borne disease or aerial application, Vector Control will attempt to telephone members of the registry prior to treatment of their property.**

Please check one of the following options (either A or B) on this form to indicate your request; fill in the blank spaces and return the completed form to the Suffolk County Vector Control at the address at the top of this form. Your name, **a signature and all required information must be provided.** The request will take effect within 20 workdays of our receipt of this information.

☐ A. No mosquito adulticiding 150 feet in either direction in front of residence.

☐ B. Remove previously requested restrictions and resume normal operations.

This request is considered public information and the Division may notify neighbors as to why part of their neighborhood is not being treated if choice "A" is indicated. As part of its public notification process, a list of "no-spray" locations (without names) may be posted on the Vector Control Web site or made available by other means, and "no-spray" locations may be indicated on published and Internet treatment maps.

Name _____
(Please Print or Type)

Signature _____ Date _____

Phone/Day (_____) _____ Phone/Evening (_____) _____

FAX (_____) _____ E-MAIL _____

Restriction Address: _____ (Street Number and Name) City: _____ State: NY Zip Code: _____	Mailing Address (if not same as restriction address): _____ (Street Number and Name) City: _____ State: ____ Zip Code: _____
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Tax Map Number of restricted property (required – can be found on property tax bill or by contact with your Town):

District: _____ Section: _____ Block: _____ Lot: _____

REASON (optional)

Applicants are required to file annually to maintain active status on this registry. The list is reviewed and updated annually, those who do not complete and return the form as required shall be removed from the registry.

(Effective for the calendar year **20**____)